

Payment to Agency Report

A Public Document

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PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

Environmental Services Department

Street Address

200 E. Santa Clara Street

Area Code/Phone Number

(408) 535-8100

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Kerrie Romanow, Director

Date Stamp

2016 JUN -2 PM 4: 33
EP OTC

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Global Philanthropy (GPP)

Name

1916 N. Mohawk Street, #7

Chicago

IL

60614

Address

City

State

Zip Code

GPP serves as a strategic resource to raise awareness of global development issues including sustainability.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Tarrytown, New York

3/20/16 - 3/22/16

Location of Travel

Dates (month, day, year)

American Airlines

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Check Applicable Boxes

Name of Lodging Facility

\$ _____
Lodging Expenses

\$ _____
Meal Expenses

\$ 640.20
Transportation Expenses

\$ _____
Other Expenses

\$ 640.20
Total Expenses

3.1 (b) Payment(s) not related to travel:

_____ Dates (month, day, year)

\$ _____ Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

ESD Director to attend and participate in the "Leading Cities and Companies Getting to 100% Renewables meeting."

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Romanow

Kerrie

Director

Environmental Services

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

WOLFGANG DUENKEL
Print Name

CITY Manager
Title

6/1/16
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

Clear Page